

EXHIBIT A

Appendix A

REASONABLE ACCOMMODATION REQUEST FORM

This form and all information must be kept confidential.

APPLICANT/EMPLOYEE INFORMATION		
Print Full Name Matthew Lawrence O'Leary		<input type="checkbox"/> Job Applicant <input checked="" type="checkbox"/> Current Employee <input type="checkbox"/> Other
Home or Work Address Home: 8003 151 Avenue, Howard Beach NY 11414		Phone Number (646) 261-8485
EMPLOYEE INFORMATION (Complete this section if you are working at the agency even if you are currently on leave.)		
Civil Service Title Special Investigator		Office Title eDiscovery Manager
Office Telephone Number (212) 825-0639	Division Law Enforcement Technology	Supervisor Name and Phone Number Erskine Fleming, 212-825-6823
Location 180 Maiden Lane, 22FL		
APPLICANT INFORMATION (Complete this section only if you are a <u>job applicant</u>)		
Position/Title Sought		Division/Unit (if known)
Location of Position (if known)		
Part(s) of employment process for which an accommodation is requested		
<input type="checkbox"/> Job Application	Job Vacancy Notice Number (if known):	

<input type="checkbox"/> Interview	Interview Date:
<input checked="" type="checkbox"/> At Work	
<input type="checkbox"/> Other (please specify):	
Agency Contact Person (if known)	Phone Number
Basis of reasonable accommodation request: <div style="margin-left: 20px;"> <input type="checkbox"/> Disability <input checked="" type="checkbox"/> Religion <p style="margin-left: 20px;">Describe your religious belief/practice/observances and identify the accommodations that you request: I have attached a statement of my religious beliefs and why they prevent me from receiving a COVID-19 vaccine.</p> </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Status as Victim of Domestic Violence Sex Offenses or Stalking <input type="checkbox"/> Pregnancy, childbirth or a related medical condition </div>	
Identify the situation which requires accommodation. <u>Be specific.</u> (Attach additional sheets of paper, if necessary.) My religious beliefs prevent me from receiving a COVID-19 vaccine. As such I am requesting to continue my employment, duties and responsibilities in the workplace without receiving the COVID-19 vaccine.	
Is the condition for which you are requesting an accommodation <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <input checked="" type="checkbox"/> Permanent </div> <div style="text-align: center;"> <input type="checkbox"/> Temporary </div> <div style="text-align: center;"> <input type="checkbox"/> Unknown </div> </div> If temporary, anticipated date accommodation(s) no longer needed:	

Describe the nature of reasonable accommodation requested and how the accommodation will assist you to perform the essential functions of the position held or desired, or to enjoy the benefits and privileges of employment. Please be specific.

(Attach additional sheets and present supporting documentation as appropriate.)

I am requesting to continue employment without receiving a COVID-19 vaccine.

The accomodation will allow me to enjoy the benefits and privileges of employment.

If equipment is requested, please specify brand, model number and vendor, if known.

For Reasonable Accommodations based on Disability you may be required to provide verification by a health professional or a disability service provider (e.g. ACCESS-VR, NYS Commission for the Blind and Visually Impaired).

**This CONFIDENTIAL documentation should be provided
to the Disabilities Rights Coordinator or EEO Officer.**

Documentation must:

- ☒ **Be written on the official letterhead of the qualified health professional or health professional's organization.**
- ☒ **Identify the health professional's credentials. e.g., M.D., D.O.**
- ☒ **Be dated and signed by the health professional.**
- ☒ **Describe the severity of the disability and its limitations in detail as they currently exist and only in relationship to the job.**
- ☒ **State whether the duration of disability is permanent or temporary or unknown.**
- ☒ **If temporary, specify the date the disability is expected to no longer require accommodation.**
- ☒ **Indicate the extent to which the accommodation will permit you to perform the essential functions of the job or to enjoy the benefits and privileges of employment.**

I certify that I have read and understood the information provided in this request, and that it is true to the best of my knowledge, information and belief.

Date
10/25/2021

Requestor's Signature/Authorized Agent

Matthew L. O'Leary

DO NOT WRITE IN THIS SECTION

To be completed by agency staff supervising the employment application process or supervising an employee requesting a reasonable accommodation. After completing, supervisors must provide a copy of the entire form to the employee or applicant, and immediately send a copy to the EEO Officer or DRC.

Name and Title of Supervisor or Staff supervising application process:

Unit/Division:

Location:

Phone Number:

Date Request Received:

☐ **Supporting Documentation
Included**

☐ **Supporting Documentation
Not Included**

Date:

Signature

To be completed by the DRC or EEO Officer

Date Request Received by DRC or EEO Officer:

Date Supporting Documentation Received by DRC or EEO Officer (if any):

Signature

October 25, 2021

To Whom It May Concern:

I write this statement in request of a workplace accommodation to the COVID-19 Vaccine Requirement, for religious reasons. Specifically, I ask that I be allowed to continue my duties and responsibilities in the workplace without being required to receive the COVID-19 vaccine. In my statement, I describe my beliefs and why they prohibit me from receiving the COVID-19 vaccine.

As an introduction, I was raised Roman Catholic. I attended Public School until 6th grade. During these years, I also attended an after school religious program at St. Helen's, the same church that I was Baptized and received my first Holy Communion. After grammar school, I attended St. Stanislaus Bishop & Martyr (now known as Divine Mercy Catholic Academy) for 7th and 8th grade, where I received my Confirmation in their church. During these years I also was an altar server, which placed me in a close relationship with assisting the priest with handling the Eucharist. I later attended Holy Cross High School, where I regularly volunteered for religious oriented community service, which included tutoring students from St. Stan's. When I attended college at St. John's University, I volunteered frequently for the St. Nicholas of Tolentine Men's shelter. I assisted by preparing dinners for the homeless and engaging them in conversation over our group dinners. I also attended the masses at the St. Thomas More Church located at St. John's University. My lifetime of attending masses at different churches and assisting those in need has instilled in me the value and sacredness of every human life and God's love as source of faith and salvation.

I deeply and sincerely believe that a human life is a sacred gift from God. Every part of how our body works, including our immunity and immune system, is an extension of that gift. Vaccines introduce a substance into the body in order to provide protection or immunity through various biological mechanisms which I believe interfere with the gift of life. I do not believe that I have the right to interfere. I believe doing so would be to abuse God's gift as a power which we have no right to do. By receiving a vaccine, I would be abusing, interfering and defiling the gift I have been given.

Further, the Moderna, Pfizer and Johnson & Johnson COVID-19 vaccines involved the usage - either through research and development or production - fetal cell lines, which originated from aborted fetuses. These cells, taken from aborted fetal tissue have since been replicated many times. I believe that life begins at conception. The unborn child is a gift from God that was meant to be a human life, not a science experiment - regardless of the intention or outcome. I believe that the cruel act of ending the life of an unborn child is furthered in sin by repurposing it for experimentation. I cannot, in good conscience and in accordance with my religious beliefs, take a vaccine that was developed, tested or produced using fetal cell tissue. To do so would make me complicit in an action that I am religiously opposed to. I believe that life is a sacred gift, and science should not repurpose a life that was terminated in such a way, as it further defiles this sacred gift.

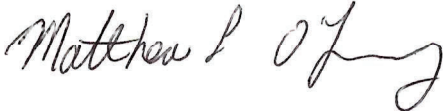
I believe that to receive a COVID-19 vaccine would be a sinful act and cost me my relationship with God. I believe that my life is a path towards an eternal afterlife in the presence of God, and receiving any of these vaccines would keep me from this path.

It is written in 1 Corinthians 6:19-20: "Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore, honor God with your body." It is my belief that receiving the COVID-19 vaccine defiles the sacred gift of my life and the lives that were repurposed through the use of fetal cells. I believe I would deviate irreparably from the righteous path that I am on if I were to receive any of these vaccines.

I will take measures to responsibly protect myself, and others from COVID-19, as long as they do not violate my deeply and sincerely held religious beliefs.

Regards,

Matthew Lawrence O'Leary

A handwritten signature in black ink, appearing to read "Matthew L O'Leary", written in a cursive style.